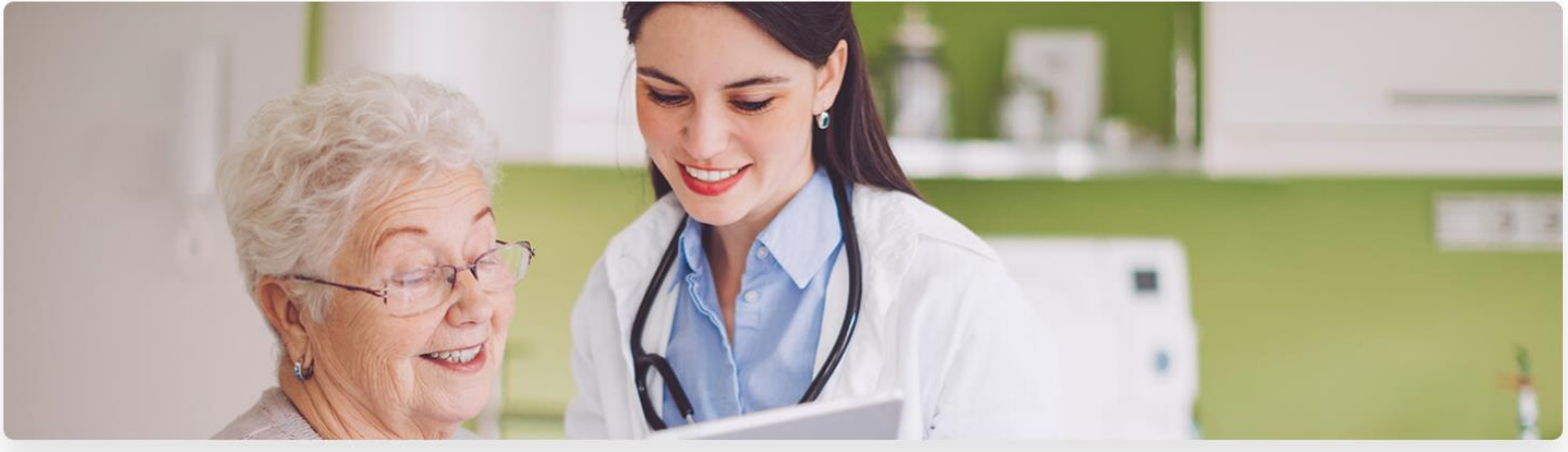


Community Benefits Report

2021

Montclair Hospital Medical Center



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INTRODUCTION

Montclair Hospital Medical Center (“MHMC” or the “Hospital”), a member of Prime Healthcare Foundation, is a 106-bed, not-for-profit, acute-care community hospital located in Montclair, California. Staffed with nearly 400 employees and an extraordinary team of physicians, the Hospital is recognized for advanced technology and compassionate care and provides 24/7 emergency care in addition to a full range of specialized medical, surgical, and diagnostic services to improve and save lives. Montclair Hospital Medical Center is nationally recognized as a Patient Safety Excellence Award Winner from Healthgrades and has an A rating from Leapfrog. The American Hospital Association’s *Get with the Guidelines* program certifies MHMC as a Gold Plus provider of care for Heart Failure patients.

Patients treated through Montclair Hospital Medical Center receive the services of a large medical system in a smaller, more personal setting.

Montclair Hospital Medical Center’s location near the border of two California counties (San Bernardino and Los Angeles) allows it to serve a diverse population from both counties. The service area incorporates elements of urban, suburban, and rural development, and creates demand for a wide variety of patient services. The Emergency Department provides rapid care, and coordinates with emergency services agencies in both San Bernardino and Los Angeles County.

MISSION AND VALUES

As a not-for-profit hospital, we strive to ensure that all residents have access to the most advanced healthcare treatments and services available, regardless of ability to pay. This is expressed in our mission statement, and the values that crystallize that statement.

Our Mission is to deliver compassionate, quality care to patients and better healthcare to communities.

Our Values include:

Quality

We are committed to always providing exceptional care and performance.

Compassion

We deliver patient-centered healthcare with compassion, dignity and respect for every patient and their family.

Community

We are honored to be trusted partners who serve, give back and grow with our communities.

Physician Led

We are a uniquely physician-founded and physician-led organization that allows doctors and clinicians to direct healthcare at every level.

LEADERSHIP

Montclair Hospital Medical Center is overseen by a governing board composed of physicians and medical professionals, and community members who are users and/or service collaborators with the hospital. They are listed below.

Governing Board & Leadership

Gail Aviado, RN., CEO – Chairman

Jhujhar Singh, D.O. – Vice Chairman

Martin Carrillo, M.D. – Chief of Staff

Joseph Hourany, M.D. – Past Chief of Staff

Bill Ruh – Council Member

Michael Milhiser – Member

Robert Avels – Montclair Police Chief

Edward Starr – Montclair City Manager

Harold Way – Regional CFO

Donna Dye, Regional Medical Staff Director

Janaya Eggert, RN., - CNO

Arvin Bucol – PI Director

Marjorie Fernandez-Balbin – Medical Staff Coordinator II

SERVICES

Montclair Hospital Medical Center serves a diverse population and incorporates elements of urban, suburban, and rural medicine, offering a wide array of patient services. These include:

- Cardiopulmonary Services
- Center for Senior Care
- Emergency Services (ER)
- Food and Nutrition Services
- Heart Care Services
- Hospital Pharmacy
- Imaging Services
- Intensive Care Unit
- Maternity Services
- Multi-Specialty Clinic
- Nursing Services
- Rehabilitation Services
- Respiratory Therapy Services
- Surgical Services
- Telemetry and Medical/Surgical Services

- Other Services
 - Case Management
 - Physician Referral Services
 - Social Services
 - Home Health
 - Meal Preparation Services
 - Equipment Rental
 - Social/Emotional Support Services

EXECUTIVE SUMMARY – COMMUNITY BENEFITS

The 2021 Montclair Hospital Medical Center (**MHMC**) Community Benefits Report (**CBR**) provides an annual update to the Hospital's 2019 Community Health Needs Assessment (**CHNA**); and determines relevance of current health status issues found in the community as of 2021. As the process of reviewing and analyzing community needs has progressed, it is clear that while changes have occurred in the Los Angeles County / San Bernardino County nexus, and in Montclair Hospital Medical Center's immediate area, the changes have not been uniform throughout the area.

It should be noted that MHMC has been participating in preparation of the 2022 Community Health Needs Assessment (the **2022 CHNA**) which has been prepared by a group of community health plans, hospitals, and social service agencies led by the Inland Empire Health Plan (**IEHP**). A copy of this document was provided to MHMC and some data which was available in 2021 is used in this report. But it is understood that the issues addressed and efforts undertaken in 2021 by MHMC occurred before the 2022 CHNA was available. Thus any new issues raised in that document are not addressed here. The primary document addressed in this report is the Implementation Plan for Community Benefits 2019-2021 (**Implementation Plan**). This document outlines the programs undertaken to address the needs identified in the 2019 CHNA.

The primary focus of the Community Benefits Report is to address the issues defined as the most important for MHMC to address during the Implementation Plan Period (2019, 2020, and 2021). The Implementation Plan for 2022-2024 will be developed and will be available in 2023.

The primary needs to be addressed in 2021 are outlined in following sections, and both the planned interventions, and the actual results are discussed in summary form.

Montclair Hospital Medical Center has used the 2019 CHNA results as a basis for its ongoing process of addressing the needs of its service area. The Primary Service Area that constitutes MHMC's core service area changed only minimally over the three-year period. That area is defined below, and the interventions to address the needs stated are outlined in the Montclair Hospital Medical Center Service Area Needs and Interventions.

SERVICE AREA

Although it has evolved slightly from the last CHNA report, MHMC's Primary Service Area (**PSA**) remains concentrated around the Hospital's site, extending mostly east and west from that location. A relatively small area accounts for the bulk of MHMC's discharges, with six zip codes providing 65% of all discharges from the hospital. They represent every zip code providing more than 4% of all discharges. A Secondary Service Area (**SSA**) includes another five zip codes which contribute between 3% and 4%, adding another 17% of all discharges. Together they represent over 82% of all MHMC discharges.

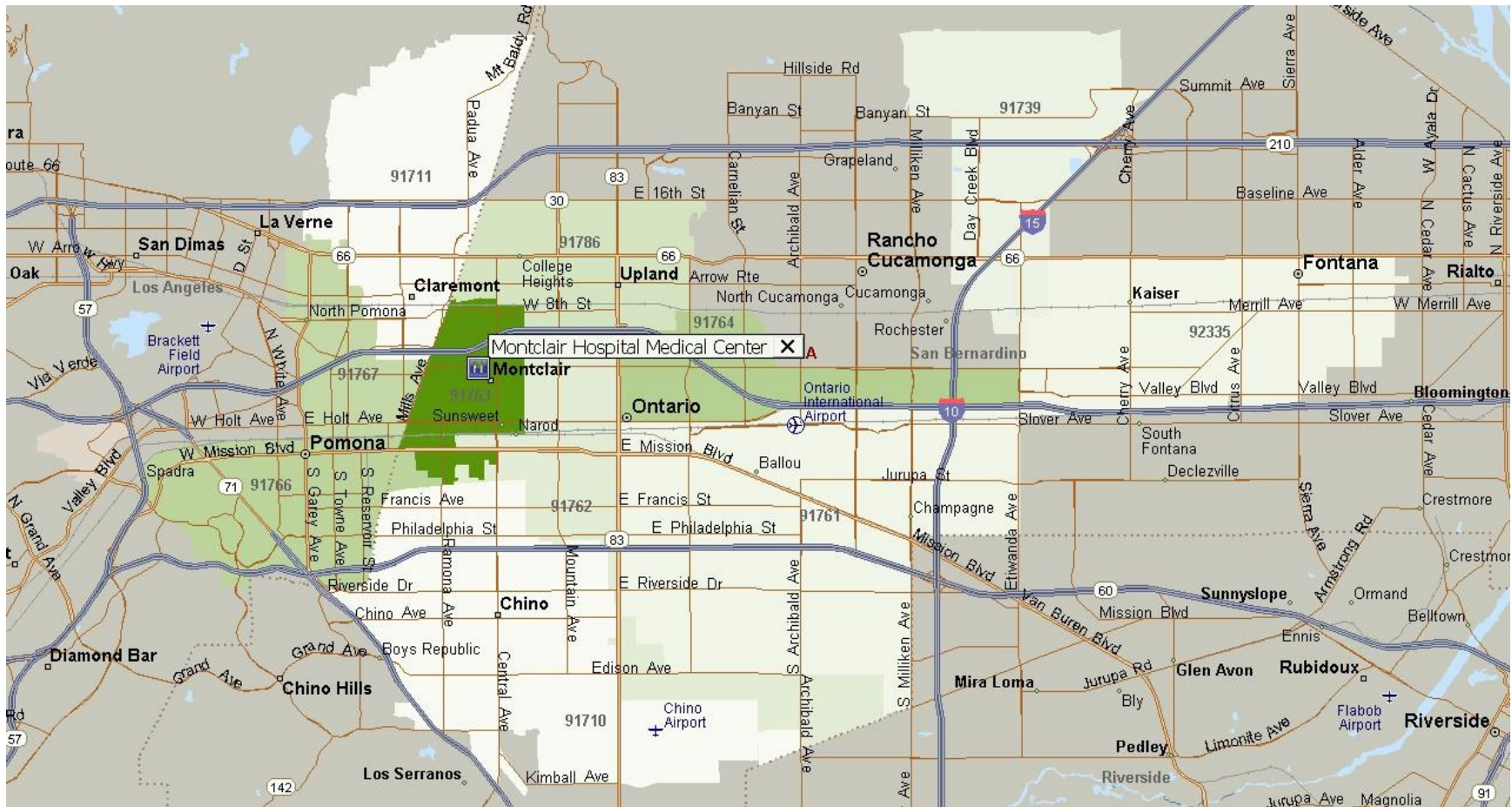
The Primary Service Area is highlighted in varying shades of green on the following map. The darker areas are those that experienced the most discharges. The PSA zip codes include the following, in descending order of importance:

- 91763 Montclair
- 91764 Ontario
- 91766 Pomona
- 91767 Pomona
- 91786 Upland
- 91762 Ontario

The Secondary Service Area appears in white. These zip codes include:

- 91739 Rancho Cucamonga
- 91761 Ontario
- 92335 Fontana
- 91710 Chino
- 91711 Claremont

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MONTCLAIR HOSPITAL MEDICAL CENTER SERVICE AREA NEEDS AND INTERVENTIONS

The results of the CHNA process formed the basis for the Implementation Plan that was to guide MHMC's participation in community health care for the years 2019, 2020, and 2021. This Community Benefit Report summarizes MHMC's progress in meeting the community's needs as outlined in the previous Implementation Plan and incorporates needs and plans found in the 2019 Implementation Plan completed December 2019. The issues listed below are the ones selected as the ones most appropriate for MHMC's intervention in 2019. MHMC has been working to address those needs as well as the issues encountered in the intervening years, such as the Covid-19 pandemic, homelessness growth, and changes to insurance and payment programs for community members. The MHMC's Results section of each lists the accomplishments related to each need category. A following section lists the issues from the 2019 CHNA report, and notes that plans to address those issues are still in process.

It is important to note that the Covid-19 pandemic was the dominant health issue for most of 2021, beginning with the March 2020 lockdown and continuing into 2021. This quarantine severely circumscribed efforts to reach into the community and resulted in some priorities being deferred or postponed until the Covid virus could be brought under control. That effort was ongoing in 2021 and has continued into 2022. Another issue that became prominent in 2021 was growth in the unhoused population in the county. Both of these issues affected MHMC's community service efforts, along with "on-the-fly" changes to insurance coverage and payment methods for services that required operational adjustments to meet changing community needs.

The five Significant Health Needs identified in the 2019 CHNA, and designated as items to address for MHMC were:

1. Mental Health
2. Obesity/Diabetes
3. Education
4. Access to Care
5. Homelessness

Each is addressed in detail below.

1. **Mental Health** – The 2019 CHNA lists this issue as the most pressing need in the San Bernardino County area, and lists two goals:
 - a) Increasing mental health and Substance Abuse Resources by 2021
 - b) Increase mental health facilities by 2021

MHMC’s Plan – As part of a service reorganization involving several hospitals managed by Prime Healthcare, a sister hospital, Glendora Oaks Behavioral Health was designated as the primary care provider of mental health services for Prime’s hospitals in the area. This was planned to allow for focused inpatient services and associated outpatient and follow-up services in a single dedicated site. MHMC’s role was to be redirected to providing outpatient and emergency mental health services as they presented at the Hospital, with ongoing services referred to Glendora Oaks Behavioral Health. By coordinating services in one physical location with referral networks set up to feed patients to appropriate services, both goals listed could be advanced.

MHMC’s Results – One change was not built into the 2019 plan. College Health Systems, a large behavioral health provider with a more widely distributed network, approached Prime Healthcare to add Glendora Oaks Behavioral Health to its organization. After review of options and discernment of mission, the decision was made to sell Glendora Oaks Behavioral Health to College Health System, which offers a more comprehensive array of mental health services throughout the region. As planned under the changed mission, MHMC’s services have focused on telehealth and IPMG outpatient clinics for follow-up care. MHMC also participates in the Quarterly West End Behavioral Health Community Collaborative to track progress in serving mental health needs in the area. To coordinate the various outpatient services remaining among the Prime hospitals, a Corporate Director of Behavioral Health position was created and staffed to provide ongoing education and oversight of behavioral health issues. All Prime hospitals, including MHMC, have been awarded a grant by the Bridge Navigator Fund, which will provide a full-time social worker specializing in Behavioral Health at each hospital. Funds are expected to arrive in 2022.

2. **Obesity/Diabetes** – Diabetes was the physical ailment considered most important to address in the 2019 Implementation Plan, and programs were outlined to meet this goal. Since most of the interventions planned and programmed for this need involved interactions with community members, the advent of Covid-19 shutdowns made most outreach programs infeasible. Planning and execution to the extent possible continued through the lockdown, however.

MHMC's Plan included multiple goals including:

- a. Improve nutrition and increase exercise for staff and community members.
 - a) Provide a lecture on nutrition with a registered dietician targeting current employees and community members.
 - b) Host exercise classes such as yoga on the front lawn for both staff and patients.
 - c) Encourage staff to participate in community and corporate health challenges.
 - d) Provide pedometers for employees and promote a contest increasing engagement with exercise.
 - e) Sponsor a diabetes class offered to the community by collaborating with the nearby Federally Qualified Health Center (**FQHC**).
- b. Increase diagnosis of diabetes to provide earlier interventions.
 - a) Provide complimentary diabetes screenings to the community at health fairs

MHMC's Results – While direct-contact health fairs have largely been postponed throughout the year, in-house education programs have continued along with publicity regarding weight loss and diet. While community health challenges were victims of Covid-related postponement, other goals were met in innovative ways.

MHMC's community participation programs included:

- a) Diabetes classes offered by registered dietitians at the hospital.
- b) Distribution of pedometers to 400 staff members.
- c) Blood pressure screening at the Country Fair Jamboree put on by the City of Montclair.
- d) Coordination with FQHCs in Pomona and West Covina to begin services at their clinics as soon as quarantines were lifted.

3. **Education** – In addition to the outreach programs noted previously, another education-related issue is the need to train new providers of healthcare services. While MHMC is not an educational institution, it can function both as a source of mentors and supporters to students interested in healthcare careers, and as a training site for students in related fields. In addition to providing educational services related to health-related behaviors, MHMC adopted a plan to provide on-the-job training for potential staff at the Hospital through a program called Promise Scholars coordinated by the Ontario-Montclair School Foundation. The program is designed to provide students with mentors and support to assist them in getting a place in college, and hopefully, to learn skills that they can bring back to the community. MHMC's role as a healthcare provider makes it an appropriate site to learn about opportunities in health care and to experience the environment first-hand.

MHMC's Plan – Education efforts were concentrated in two areas:

- a) Recruit staff to volunteer as mentors and serve as recruiters in area schools for students considering healthcare careers.
- b) Serve as a training site for students in health-related classes to learn on-the-job skills.

MHMC's Results – MHMC had begun its involvement with the Promise Scholars program at Ontario-Montclair Schools Foundation in 2020, but the advent of Covid quarantines made on-site interactions impossible. Planning is in process to revive the program in 2022 and in future years. Several staff members have expressed continuing interest in either serving as mentors, or in providing internships in their areas for students desiring real-world experience.

4. **Access to Care** – Since the passage of the Affordable Care Act, insurance coverage for California residents has expanded, particularly for those of limited incomes. MediCal is now the primary insurer for roughly one third of California's residents. While many more people have access to insurance to cover their medical needs, awareness and ability to access coverage have proven problematic. Many patients seeking treatment at MHMC are not aware of their coverage options, and may delay treatment for financial reasons. This results in more

expensive care, and additional costs to patients and their insurers. Since the problem is most pronounced among low-income groups, it exacerbates the issue of uneven care among various ethnic groups. MHMC's mission involves providing equally excellent care to all area residents.

MHMC's Plan includes four primary agendas:

- a) Community education on the availability of insurance options for all residents, particularly those who have historically been uninsured.
- b) In-hospital services to advise incoming patients of coverage they may not be aware of, and assistance to help them enroll in programs for which they qualify.
- c) Coordination with local Federally Qualified Healthcare Clinics to provide specialized care at their sites, and coordinate services to their patients when hospitalization is indicated.
- d) Support growth of bilingual OB/GYN services to the Hispanic community.

MHMC's Results – The advent of Covid-related insurance coverage has changed the rules regarding coverage, and many clients presenting at the Hospital may not be aware of new programs. Nonetheless, MHMC's programs have continued to address the goals above:

- a) The insurance education programs provided by the Hospital are ongoing at MHMC. Outreach programs to educate the general public are provided to area civic and educational groups on request, although demand has been limited by Covid restrictions.
- b) The hospital has modified its intake process to further educate and assist patients with registration for coverage, and to coordinate with payors to assure reimbursement for services, resulting in better coverage for all patients, but particularly those with limited incomes.
- c) Several specialists affiliated with the hospital now have regular hours at area FQHCs to see clients in need of their particular expertise.
- d) An additional OB/GYN specialist has been added to MHMC's medical staff, and additional bilingual nursing and aide staff have been recruited.

All these programs are ongoing and will expand as restrictions ease to allow more in-person contact with people outside the Hospital.

5. **Homeless Issues** – The problem of homeless populations in MHMC’s service area is larger than the Hospital can resolve on its own. But as a point of initial contact with many homeless people, MHMC has served as a referral and coordination resource to assist homeless service agencies in providing solutions to those who need them. Recent votes on propositions addressing homeless issues have passed, providing new funding for homeless programs, and opportunities to assist in the development of new options and services may present new options for MHMC participation.

MHMC’s Plan will focus on City and County innovations to assist currently homeless residents of the PSA and SSA in finding housing and supportive services to facilitate their re-entry into mainstream housing, employment, and mental health status. These programs are still in development, and the ultimate availability of housing options beyond the known Covid-19 interim solutions as of this report date will influence MHMC’s ability to participate in referral and treatment programs.

MHMC’s Results - Until more concrete programs are defined, and participation regulations clarified, MHMC is continuing to monitor plans and refer homeless patients treated at the Hospital to existing service providers as appropriate. MHMC will continue to coordinate with various local, county and state agencies to find appropriate placements for unhoused patients arriving at the Hospital, and work with local fire and police agencies to help them manage their encounters with homeless persons. As new options are created, MHMC will work with the providers to refer and support clients as their healthcare needs change with their evolving housing statuses.

COMMUNITY BENEFIT EXPENSES

Montclair Hospital Medical Center provides services to patients without regard to ability to pay for those services, in addition to funding training and public education programs both on site and in the community. Schedule H of the Hospital's IRS form 990 for 2020 (the most recent year available) is presented below.

Gross Patient Charges		
1	Number of activities or programs (optional)	
1	Number of persons served (optional)	
1	Total gross patient charges written off pursuant to financial assistance policies (FAP)	\$ 164,163
Total community benefit expense		
2	Ratio of patient costs to charges (WS2)	0.16005
3	Estimated cost (multiply line 1 by line 2, or obtain from cost accounting)	\$ 26,274
4	Medicaid provider taxes, fees, and assessments (intended to offset the cost of financial assistance)	
5	Total community benefit expense	\$ 26,274
Direct offsetting revenue		
6	Revenues from uncompensated care pools and programs	
7	Other direct offsetting revenue (e.g., restricted grant received for financial assistance)	
8	Total direct offsetting revenue	\$ -
9	Net community benefit expense	\$ 26,274
10	Total expenses less bad debt expense - enter amount from Form 990, Part IX, line 25, column (A), and include the organization's share of joint venture expenses.	\$ 46,080,664
11	Percent of total expenses	0.000570

ACKNOWLEDGMENTS

This 2021 Community Benefits Report is the result of the commitment and efforts of many individuals who contributed time, expertise, and resources to create a comprehensive and effective community assessment. Special thanks go to the MHMC Steering Committee and the Advisory Committee members, and the staff at Montclair Hospital Medical Center.

Many data sources were utilized in developing the health profile for the Montclair Hospital Medical Center Primary Service Area and larger comparison areas. Data from the U.S. Census Bureau underlies much of the information presented, but several agencies and providers have done important analysis on the Census data, and results of their work are included throughout this document. Important sources include:

- Inland Empire Health Plan
- Riverside County Department of Health
- San Bernardino County Department of Health
- The Los Angeles County Department of Public Health
- Speedtrack, Inc.